Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For t	he 2021 calen	dar year, or tax year	beginning		, 2021,	and endin	ıg		,	20	
В	Check	if applicable:	С]) Employ	er identi	fication number	
	A	ddress change	Georgia Audul	oon Inc					58-	18343	323	
	N	ame change	4055 Roswell					Ī	Teleph	one numb	er	
		itial return	Atlanta, GA	30342					678	-973-	-2437	
		nal return/terminated						-	070	313	2457	
		mended return						، ا	Gross i	ع معنسهم خ	1 067	621
	-		F Name and address of	principal officers				H(a) Is this a			í i	,631. X No
	ША	pplication pending									Щ '¢3	
			Same As C Abo				T 1	H(b) Are all su If "No," a	ttach a list	. See inst	? Yes	No.
<u> </u>		exempt status:		• • • • • • • • • • • • • • • • • • • •	(insert no.)	4947(a)(1) or	527					
J	We	bsite: ► ww	w.georgiaaudu	ıbon.org				H(c) Group ex	emption n	umber 🟲		
K		n of organization:	X Corporation Trus	st Association	n Other ►	LY	ear of format	ion: 1972	M :	State of le	gal domicile: G^{I}	A
Pa	rt I	Summar										
	1	Briefly descri	be the organization's	mission or mos	st significant	activities:Geo	rgia A	udubon	is bu	ildir	ng places	;
a		where bi	rds and peopl	e thrive.	Georgia	Audubon	is a t	hriving	, bi	rd-fo	cused	
Ë			tion that com									ith _
E			es that build									
Š	2		ox ► if the organ							net ass	sets.	
Ğ	3		oting members of the							3		17
တ	4		dependent voting me							4		17
≘	5		of individuals emplo							5		12
Activities & Governance	6		of volunteers (estim							6		125
ĕ			ed business revenue	·						7a		0.
	b	Net unrelated	l business taxable in	come from Forn	1 990-1, Part	I, line II				7b		0.
		0 1 11 11							or Year		Current Y	
<u>o</u>	8		and grants (Part VII						689,2			,434.
Revenue	9		vice revenue (Part VI						116,2			832.
ě	10		ncome (Part VIII, colu		-				24,4			250.
ш	11		e (Part VIII, column			•			11,5			,860.
	12		e – add lines 8 throu						841,4	169.	1,035	376.
	13		imilar amounts paid	•		-						
	14		to or for members (
S	15	Salaries, other	er compensation, em	ployee benefits	(Part IX, colu	ımn (A), lines	5-10)		514,	743.	680	,539.
Expenses	16 a	Professional	fundraising fees (Par	rt IX, column (A), line 11e)							
be	b	Total fundrais	sing expenses (Part	IX, column (D),	line 25) ►	8	5,444.					
ш	17		ses (Part IX, column						319,1	87	303	8,841.
	18	•	es. Add lines 13-17 (-				833,9			1,380.
	19	•	s expenses. Subtract									
0	_	Neveriue less	s expenses. Subtract	101111111	<u> </u>					539.		0,004.
is or nces	20	Total accets	(Part X, line 16)					Beginning			End of Y	
Net Assets Fund Balanc	20 21		es (Part X, line 16)						789,2 103,2	254.		020.
A Pu	21							-	•			,134.
			fund balances. Sub	tract line 21 fror	n line 20				686,0)34.	637	,886.
Pa	rt II	Signatur	e Block									
Unde	er pena	Ities of perjury, I de	eclare that I have examined arer (other than officer) is ba	this return, including	accompanying sc	hedules and stater	nents, and to	the best of my	knowledge	and belie	ef, it is true, correc	t, and
COITI	Jicto. D	T.	arer (other than officer) is be	asca on an imormatio	- Willelf prepart	ci ilas arīy kriowice						
		Signatu	re of officer					Data				
Siç	jn							Date				
He	re	▶ <u>Jar</u>	ed Teutsch					Execut	tive :	Direc	ctor	
		71	print name and title				T		ı			
		Print/Type p	oreparer's name	Preparer's	signature		Date	C	Check	- □'''	PTIN	
Pa			ınsford	Jim L	unsford			s	elf-employ	ed]	P00568479)
Pre	epar	er Firm's name	James R I	unsford J	<u></u>							
Us	e Or	ily Firm's addre				53		F	irm's EIN	33-	0996010	
				GA 30156					hone no.		262-0745	
May	/ the	IRS discuss th	nis return with the pre		ove? See ins	structions					X Yes	No

Form 990 (2021) Georgia Audubon Inc Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
c	: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Χ	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> .	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes.' complete Schedule G, Part I, See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2021) Georgia Audubon Inc Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Χ
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	(gambling) winnings to prize winners?	1 c	Х	
$D \Lambda A$	LEE ΔΩΤΩ/Π - 19/22/21	Earm	agn /	2021

Form 990 (2021) Georgia Audubon Inc

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
28	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
ı	of If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	o If 'Yes,' enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5.	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			21
7	not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
ć	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		Х
(d If 'Yes,' indicate the number of Forms 8282 filed during the year			
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	7 ~		
ı	as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 g		
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
Ū	organization have excess business holdings at any time during the year?	8		
q	Sponsoring organizations maintaining donor advised funds.	Ŭ		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	-		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ı	a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ı	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
(Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ı	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 17 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? See Sch 0 Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > GΑ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Jared Teutsch 4055 Roswell Road Atlanta Ga 30342 678-973-2437

	Form 990	(2021)	Georgia	Audubon	Inc
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
				(C)			,	, , , , , , , , , , , , , , , , , , , ,	,	
(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	relatéd organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Jared Teutsch	40									
Executive Dir.	0			Χ				82,000.	0.	0.
(2) Joshua Andrews	4									
Director	0	Χ						0.	0.	0.
(3) Robert Cooper	4									
Director	0	X						0.	0.	0.
(4) Joshua Gassman	4									
Director	0	Х						0.	0.	0.
(5) Gus_ Kaufman	4							_	_	
Director	0	Χ						0.	0.	0.
(6) Marc Goncher	4	l								
Secretary	0	Χ		Χ				0.	0.	0.
	4							•	•	
Director	0	X						0.	0.	0.
_(8)_Laurene_Hamilton	4							^	0	0
Director (C) Consider Manality	0	Χ						0.	0.	0.
(9) Susie Maclin	4	37						0	0	0
Director	0	Χ						0.	0.	0.
(10) Jon Philipsborn Director	$-\frac{4}{0}$	Х						0.	0.	0.
(11) Mary Anne Lanier	4	Λ						0.	0.	0.
Director	0	Х						0.	0.	0.
(12) Scott Porter	4	Λ						0.	0.	0.
Director	4	Х						0.	0.	0.
(13) Jairo Garcia	4	Λ						0.	0.	<u> </u>
Director	4	Х						0.	0.	0.
(14) Paige Martin	4	Λ						0.	0.	<u> </u>
Chairman		Х		Χ				0.	0.	0.
OHGI I IIIGII		- 4 3		2.1				0.	0.	<u> </u>

Form 990 (2021) Georgia Audubon Inc 58-1834323									3	Page 8	
Part VII Section A. Officers, Directors, Tru	ıstees, l	Key	Em			es, a	anc	l Highest Com	pensated Emp	oyees (continued)
(A) Name and title	Average hours per week	box offi	, unle cer an	heck ss pe id a d	sition more erson directe	than o is both or/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated of o	
	(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensa the orga and re organiz	nization elated
(15) Amanda Woomer Vice President	40	Х		Х				0.	0.		0.
(16) Evonne Blythers Lapsey Director	40	Х						0.	0.		0.
Vice President	40	Х						0.	0.		0.
(18) Latresse Snead Treasurer	4	Х		Х				0.	0.		0.
(19)		-									
(20)											
(21)											
(22)											
(23)											
(24)											
(25)		-									
1 b Subtotal							•	82,000.	0.		0.
c Total from continuation sheets to Part VII, Secti							▶	0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	82,000.	0.		0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	isted	abov	/e) v	who	receiv	/ed	more than \$100,00	0 of reportable comp	ensation	
3 Did the organization list any former officer, direct											es No
on line 1a? If 'Yes,' complete Schedule J for suc 4 For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	nsa	ition	and	oth	er compensation		. 3	X
the organization and related organizations greate such individual										. 4	X
for services rendered to the organization? If 'Yes	s,' comple	te So	ched	lule	J fo	r suc	h p	erson		. 5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest compensation from the organization. Report comper	sated indessation for	epen the c	dent alend	cor dar	ntrad year	ctors endir	tha [.] ng w	t received more th vith or within the or	าan \$100,000 of ganization's tax year		
(A) Name and business add	ress							(B) Description o	of services	(C) Compens	ation
2 Total number of independent contractors (including I \$100,000 of compensation from the organization		ited to	o tho	se I	isted	d abov	ve) v	who received more	than		

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ifts, Grants, ar Amounts	1 a b c d	Federated campaigns 1a Membership dues 1b 85,683. Fundraising events 1c Related organizations 1d				
Contributions, Gifts, Grants, and Other Similar Amounts	e f	Government grants (contributions) 1e 7,957. All other contributions, gifts, grants, and similar amounts not included above 1f 613,794. Noncash contributions included in				
Con	h	lines 1a-1f	707,434.			
nue	22	Business Code	225 022	225 022		
Program Service Revenue	2 a b	Workshops	235,832.	235,832.		
vice	С					
n Ser	d e					
gran	-	All other program service revenue				
Pro	g	Total. Add lines 2a-2f	235,832.			
	3	Investment income (including dividends, interest, and other similar amounts)	5,512.			5,512.
	4	Income from investment of tax-exempt bond proceeds	·			·
	5	Royalties				
		Gross rents 6a				
		Less: rental expenses 6b				
		Rental income or (loss) 6c Net rental income or (loss)				
		Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory 7a 70,952.				
	b	Less: cost or other basis and sales expenses 7b 214.				
		Gain or (loss) 7c 70,952214.				
		Net gain or (loss) ▶	70,738.	70,738.		
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
er I	b	See Part IV, line 18 8a 6,769 Less: direct expenses 8b 1,120				
₽	С	Net income or (loss) from fundraising events ▶	5,649.			5,649.
	9 a	Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities ▶				
	b	Gross sales of inventory, less returns and allowances Less: cost of goods sold 10a 41, 132 . 10b 30, 921 .				
	С	Net income or (loss) from sales of inventory ▶	10,211.	10,211.		
Suo S	11 a	Business Code				
ane	b					
Miscellaneous Revenue	11 a b c d	All other revenue				
MIS F		All other revenue Total. Add lines 11a-11d				
	12		1,035,376.	316,781.	0.	11,161.

Form 990 (2021) Georgia Audubon Inc 58
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		,		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	82,000.	66,420.	8,512.	7,068.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	598,539.	483,410.	62,146.	52,983.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	330,333.	100, 110.	02,110.	32,303.
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
ŀ	Legal				
(: Accounting				
C	I Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	166,849.	161,058.	1,991.	3,800.
12	(A), amount, list line 11g expenses on Schedule OSCh. OAdvertising and promotion	3,131.	3,131.	1, 331.	3,000.
13	Office expenses	2,834.	2,127.	698.	9.
14	Information technology	12,222.	8,280.	2,579.	1,363.
15	Royalties.	12,222,	0,200.	2,515.	1,303.
16	Occupancy	27,001.	20,175.	6,826.	
17	Travel.	51,828.	51,710.	13.	105.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	31,020.	31,710.	13.	100.
19	Conferences, conventions, and meetings	10,702.	9,805.	448.	449.
20	Interest	207.021	3,0001		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	302.		302.	
23	Insurance	10,451.	5,224.	5,227.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
ā	Supplies	38,145.	38,011.	28.	106.
	Printing and Publications	26,636.	14,945.		11,691.
	Banks & Credit Card Processing	25,005.	15,550.	4,793.	4,662.
C	Postage and Shipping	8,278.	4,242.	1,371.	2,665.
6	All other expenses	10,457.	8,682.	1,232.	543.
25	Total functional expenses. Add lines 1 through 24e	1,074,380.	892,770.	96,166.	85,444.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any line	in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			127,668.	1	80,338.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		<u> </u>		3	
	4	Accounts receivable, net			89,000.	4	183,130.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer I contribu	, director, tor, or 35%		5	
	6	Loans and other receivables from other disqualified p		F		,	
	0	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		· · · ·		7	
Ø	8	Inventories for sale or use		<u></u>		8	
Assets	9	Prepaid expenses and deferred charges		 -	16,575.	9	48,181.
As	-		1 1		10,373.	,	40,101.
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		89,447.			
	b	Less: accumulated depreciation		2,845.	84,118.	10 c	86,602.
	11	Investments — publicly traded securities		-	471,893.	11	458,569.
	12	Investments – other securities. See Part IV, line 11		-		12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets.				14	
	15	Other assets. See Part IV, line 11				15	2,200.
	16	Total assets. Add lines 1 through 15 (must equal line		789,254.	16	859,020.	
	17	Accounts payable and accrued expenses	5,741.	17	13,899.		
	18	Grants payable		18			
	19	Deferred revenue		19			
۰,	20	Tax-exempt bond liabilities	<u> </u>		20		
Ę.	21	Escrow or custodial account liability. Complete Part		L.		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35	5%		22	
	23	Secured mortgages and notes payable to unrelated the		<u></u>		23	
	24	Unsecured notes and loans payable to unrelated third	l parties.			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			97,479.	25	207,235.
	26	Total liabilities. Add lines 17 through 25			103,220.	26	221,134.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	• ► <u> </u>	X			
ala	27				262,997.	27	273,568.
m	28	Net assets with donor restrictions		<u></u>	423,037.	28	364,318.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here •				
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipm	nent fund			30	
SS	31	Retained earnings, endowment, accumulated income	, or other	funds		31	
t A	32	Total net assets or fund balances			686,034.	32	637,886.
ž	33	Total liabilities and net assets/fund balances			789,254.	33	859,020.
RΔ	Λ		TEEA0111L	09/22/21	•		Form 990 (2021)

Form **990** (2021)

	7 Coolgia madazon inc	_ 0 0 101			<u> </u>
Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,0	35,3	376.
2	Total expenses (must equal Part IX, column (A), line 25).	2	1,0	74,3	380.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	39,0	004.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	86,0	034.
5	Net unrealized gains (losses) on investments	5		-9,	144.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	- 6	37,8	886.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		_		
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review				
	separate basis, consolidated basis, or both:	eu on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2b	Х	
-	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ-	ate			
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain				
	on Schedule O.				
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Х
ı	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/22/21		Forn	990	(2021

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

iame of the organization						Employer identii	ication numbe	:I
Georgia Audubon	Inc					58-18343	23	
Part I Reason for P	ublic Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See instri	uctions.	
The organization is not a p	orivate found	lation because it is: (For lines 1 through 12,	check o	nly one	box.)		
1 A church, convent	ion of church	es, or association of ch	nurches described in sec	tion 1 <mark>70</mark> (b)(1)(A)(i).		
2 A school describ	ed in sectio i	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)				
3 A hospital or a c	ooperative h	ospital service organi	ization described in sec	ction 170	0(b)(1)(A	A)(iii).		
4 A medical resear	rch organizat	tion operated in conju	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii).	Enter the	nospital's
name, city, and	state:							
5 An organization section 170(b)(1)			ge or university owned	or opera	ated by	a governmental unit	described i	n
	or local gove	ernment or governme	ental unit described in s	section 1	70(b) (1)	(A)(v).		
7 An organization the in section 170(b)	nat normally r (1)(A)(vi). ((eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the general p	ublic descri	bed
8 A community trus	st described	in section 170(b)(1)(A)(vi). (Complete Part	II.)				
9 An agricultural res	search organiz	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant co	llege	
			(see instructions). Enter					
university:								
from activities re investment incon	lated to its e ne and unrel	exempt functions, sub	nan 33-1/3% of its supp ject to certain exception e income (less section Part III.)	ns; and	(2) no r	nore than 33-1/3% of	its suppor	t from gross
11 An organization	organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).		
12 An organization	organized ar	nd operated exclusive	ely for the benefit of, to	perform	the fun	ctions of, or to carry	out the pu	poses of one
or more publicly	supported of	rganizations describe	ed in section 509(a)(1) outporting organization	or sectio	n 509(a)	(2). See section 509	(a)(3). Che	ck the box on
			d, or controlled by its sup					orted
organization(s) the complete Part IV	e power to red	gularly appoint or elect	a majority of the directo	rs or trus	stees of t	he supporting organiza	ation. You m	ust
b Type II. A support management of the must complete F	e supporting	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), b the supported organiz	y having co ation(s). Yo	ontrol or u
C Type III functional	lly integrated.	A supporting organizat	ion operated in connection lette Part IV, Sections	n with, ar	nd functio	onally integrated with, it	s supported	
d Type III non-funct	ionally integrated. The o	r ated. A supporting org organization generally	anization operated in cor must satisfy a distribu	nnection	with its s	supported organization	(s) that is n	ot
e Check this box if	the organiza	ation received a writte	s A and D, and Part V. en determination from	the IRS	that it is	a Type I, Type II, Ty	pe III func	tionally
integrated, or Ty f Enter the number of	•	, ,	supporting organization				Г	
		n about the supported						
(i) Name of supported organ		(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) A	mount of other
()		(.,, =	(described on lines 1-10 above (see instructions))		ion listed overning	support (see instructions)	` ' '	(see instructions)
				Yes	No			
A.\								
A)								
В)								
C)								
D)								
E)								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		, ,,		-7		
Cale	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)				
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second	, third, fourth, or f	fth tax year as a	section 501(c)(3)	>
	tion C. Computation of Pul						
	Public support percentage for 20	•	•				%
15	Public support percentage from 2	2020 Schedule A,	Part II, line 14				%
16a	33-1/3% support test—2021. If the and stop here. The organization	ne organization di qualifies as a pul	d not check the bolicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2020. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16a or 16a	, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	e. Explain in Part V	/I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a -circumstances to	nd-circumstances est. The organiza	s test, check this t tion qualifies as a	oox and stop here publicly supporte	e. Explain in Part Ved organization	/I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	or 17b, check th	is box and see inst	tructions ►

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		'	,			
Calend	lar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	313,869.	646,702.	466,578.	689,257.	707,434	. 2,823,840.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
_	tax-exempt purpose	92,502.	72,698.	105,919.	159,043.	251,692	. 681,854.
	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	406,371.	719,400.	572,497.	848,300.	959,126	. 3,505,694.
	disqualified persons	0.	0.	0.	0.	0	. 0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0	
	Add lines 7a and 7b	0.	0.	0.	0.	0	. 0.
8	Public support. (Subtract line 7c from line 6.)tion B. Total Support						3,505,694.
		(a) 2017	(b) 2019	(a) 2010	(d) 2020	(a) 2021	(A Total
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2017	(b) 2018	(c) 2019		(e) 2021	(f) Total
	Gross income from interest, dividends, payments received on securities loans,	406,371.	719,400.	572,497.	848,300.	959,126	3,505,694.
h	rents, royalties, and income from similar sources	14,804.	13,138.	9,193.	6,202.	5,512	. 48,849.
	income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
-	Add lines 10a and 10b Net income from unrelated business	14,804.	13,138.	9,193.	6,202.	5,512	. 48,849.
	whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	421,175.	732,538.	581,690.	854,502.	964,638	
14	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second, t	third, fourth, or fit	fth tax year as a s	section 501(c)(3	3) ▶
	tion C. Computation of Pul						
	Public support percentage for 20	•	•				30.00
	Public support percentage from 2					16	98.36 %
Sec	tion D. Computation of Inv						
17	Investment income percentage for	•	• •	-			1.07
10		rom 2020 Cabadul	le Δ Part III line 1	17		18	1.64 %
18	Investment income percentage for						
19a	33-1/3% support tests—2021. If t is not more than 33-1/3%, check	the organization d this box and stor	id not check the be here. The organize	ox on line 14, and zation qualifies a	d line 15 is more s a publicly suppo	orted organizati	and line 17 on ► X
19a b	33-1/3% support tests-2021. If t	the organization d this box and stop the organization di b, check this box a	id not check the be to here. The organized here theck a box and stop here. The	ox on line 14, and zation qualifies a on line 14 or lind organization qua	d line 15 is more s a publicly suppo e 19a, and line 16 alifies as a publicl	orted organizati is more than 3 y supported org	and line 17 on

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was	2		
	described in section 509(a)(1) or (2).			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
b	• Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
	If 'Yes,' provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
C	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

SC	Georgia Audubon inc	58-1834323		aye :
P	Part IV Supporting Organizations (continued)		1	
٠.	14. He also accomination accompled a nift or complyibution from any of the following payment?		Yes	No
•	Has the organization accepted a gift or contribution from any of the following persons?a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c	bolow		
	the governing body of a supported organization?	11a		
	b A family member of a person described on line 11a above?	11b		
	C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Se	ection B. Type I Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
•	1 Did the governing body, members of the governing body, officers acting in their official capacity, or memor more supported organizations have the power to regularly appoint or elect at least a majority of the organizations, or trustees at all times during the tax year? If 'No,' describe in Part VI how the suppor organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization one supported organization, describe how the powers to appoint and/or remove officers, directors, were allocated among the supported organizations and what conditions or restrictions, if any, applied to during the tax year.	rganization's ted ation had more or trustees		
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization of that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how provibenefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled supporting organization.	riding such		
Se	ection C. Type II Supporting Organizations			
		_	Yes	No
•	1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of the organization's supported organization(s)? If 'No,' describe in Part VI how control or manage supporting organization was vested in the same persons that controlled or managed the supported organization.	gement of the		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
•	1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of torganization's tax year, (i) a written notice describing the type and amount of support provided during the year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copie	e prior tax		
	organization's governing documents in effect on the date of notification, to the extent not previously prov			
2	2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part the organization maintained a close and continuous working relationship with the supported organization	VI how		
;	3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a s voice in the organization's investment policies and in directing the use of the organization's income or as all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organization.	ssets at ions played		
_	in this regard.	3		
Se	ection E. Type III Functionally Integrated Supporting Organizations			
	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	nental entity (see instr	ructions	s).
2	2 Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purpose supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organizations are supported organizations, and how the organization determined that these activities of	orted cation was		
	substantially all of its activities.	2a		
	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involver more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Par reasons for the organization's position that its supported organization(s) would have engaged in these activities that, but for the organization's involver more of the organization's supported organization(s) would have engaged in these activities that, but for the organization's involver more of the organization's supported organization(s) would have engaged in these activities that, but for the organization's involver more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Par reasons for the organization's position that its supported organization(s) would have engaged in these activities that the organization is supported organization in the organization in the organization is supported organization in the organization is position that its supported organization is supported organization.	t VI the		
	but for the organization's involvement.	2b		
:	3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or t each of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	rustees of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	of its 3b		

Pai	$\mathbf{r}_{\mathbf{t}}$ $\mathbf{v} = \mathbf{r}_{\mathbf{t}}$ \mathbf{v} in Non-Functionally integrated 509(a)(3) Supporting Organ	ınızat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continuous)	าued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C. line 6	9	

10 Line 8 amount divided by line 9 amount		10	
Line 8 amount divided by line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Georgia Audubon Inc 58-1834323 Organization type (check one): Filers of: Section: X 501(c)(3) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year..... Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

Name of organization Employer identification number

Georgia Audubon Inc

58-1834323

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	National Fish & Wildlife Foundation	-	Person X Payroll
	1133 Fifteenth Street	\$ <u>14,529.</u>	Noncash
	washington, DC 20005	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Morgens West Foundation	-	Person X Payroll
	3562 Knollwood Dr	\$ 250,000.	Noncash
	Atlanta, Ga 30305	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Georgia Ornithological Society	-	Person X Payroll
	3851 Ashford Trail NE	\$ <u>25,000.</u>	Noncash
	Atlanta, Ga 30319		(Complete Part II for noncash contributions.)
			'
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4 Robert F Schumann Foundation	(c) Total contributions	(d) Type of contribution Person X
	Name, address, and ZIP + 4	(c) Total contributions \$ 21,914.	(d) Type of contribution
	Name, address, and ZIP + 4 Robert F Schumann Foundation	*21,914.	(d) Type of contribution Person X Payroll
	Name, address, and ZIP + 4 Robert F Schumann Foundation C/O Wealth Mgmt 100 N Main ST Winston Salom NC 27101	*21,914.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for
4	Name, address, and ZIP + 4 Robert F Schumann Foundation C/O Wealth Mgmt 100 N Main ST Winston Salem, NC 27101 (b)	\$ 21,914.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
4 (a) No.	Name, address, and ZIP + 4 Robert F Schumann Foundation C/O Wealth Mgmt 100 N Main ST Winston Salem, NC 27101 (b) Name, address, and ZIP + 4	\$ 21,914.	(d) Type of contribution Person X Payroll
4 (a) No.	Name, address, and ZIP + 4 Robert F Schumann Foundation C/O Wealth Mgmt 100 N Main ST Winston Salem, NC 27101 Name, address, and ZIP + 4 Charles Loeb	\$ 21,914. (c) Total contributions	Complete Part II for noncash contribution Complete Part II for noncash contributions.) Complete Part II for noncash contributions.
4 (a) No.	Name, address, and ZIP + 4 Robert F Schumann Foundation C/O Wealth Mgmt 100 N Main ST Winston Salem, NC 27101 (b) Name, address, and ZIP + 4 Charles Loeb 4055 Roswell Road	\$ 21,914. (c) Total contributions	Complete Part II for noncash contribution Person X Payroll Noncash Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash X (Complete Part II for
(a) No.	Name, address, and ZIP + 4 Robert F Schumann Foundation C/O Wealth Mgmt 100 N Main ST Winston Salem, NC 27101 (b) Name, address, and ZIP + 4 Charles Loeb 4055 Roswell Road Atlanta, Ga 30342 (b)	\$ 21,914. (c) Total contributions \$ 12,282.	Complete Part II for noncash X Y Y Y Y Y Y Y Y Y
(a) No.	Name, address, and ZIP + 4 Robert F Schumann Foundation C/O Wealth Mgmt 100 N Main ST Winston Salem, NC 27101 (b) Name, address, and ZIP + 4 Charles Loeb 4055 Roswell Road Atlanta, Ga 30342 (b) Name, address, and ZIP + 4	\$ 21,914. (c) Total contributions \$ 12,282.	Complete Part II for noncash X Yayroll Yayroll
(a) No.	Name, address, and ZIP + 4 Robert F Schumann Foundation C/O Wealth Mgmt 100 N Main ST Winston Salem, NC 27101 Name, address, and ZIP + 4 Charles Loeb 4055 Roswell Road Atlanta, Ga 30342 Name, address, and ZIP + 4 A.H. Richards C/O Community FDN WG	\$21,914. (c) Total contributions \$12,282. (c) Total contributions	Complete Part II for noncash contribution Person X

Name of organization	Employer identification num
Georgia Audubon Inc	58-1834323

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(d) Type of contribution (b) Name, address, and ZIP + 4 (a) No. (c) Total contributions Person Χ 7__ Keen **Payroll** 515 <u>NW 13th Ave</u> 5,000. Noncash (Complete Part II for Portland, OR 97209 noncash contributions.) (b) Name, address, and ZIP + 4 (c)
Total contributions (a) No. (d) Type of contribution Person 8___ Colonial Pipeline **Payroll** 5,000. Noncash (Complete Part II for Alpharetta, GA 30009 noncash contributions.) (c)
Total contributions (b) (a) No. (d) Name, address, and ZIP + 4 Type of contribution Person A. Montag & Associates **Payroll** 10,000. Noncash 133 Peachtree ST (Complete Part II for Atlanta, GA 30303 noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total contributions (d) Type of contribution Person 10 J Walter Bland **Payroll** 2406 Greenglade Rd NE____ 20,000. Noncash (Complete Part II for noncash contributions.) Atlanta, GA 30345 (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person The Imlay Foundation 11 **Payroll** 3630 Peachtree Road NE 15,000. Noncash (Complete Part II for Atlanta, GA 30326 noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions Name, address, and ZIP + 4 Person 12 Isdell Family Foundation **Payroll** 124 Alston Point 14,000. Noncash (Complete Part II for noncash contributions.) Newnan, GA 30263

Georgia Audubon Inc 58-1834323

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	Upper Ocmulgee River RC&D 750 South Perry Street Lawrenceville, GA 30046	\$ <u>13,261.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	Southern Conservation Trust 305 Beauregard Avenue Fayetteville, GA 30214	\$ <u>5,738.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Employer identification number

58-1834323 Georgia Audubon Inc

raitii	INDITIONAL Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>5</u>	Stock	\$12,282.	12/23/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021)

Name of organization

Georgia Audubon Inc

Employer identification number 58–1834323

Part III	Exclusively religious, charitable, e	tc contributions to organiz	ations described in section 501(c)(7).	. (8).						
	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and									
	the following line entry. For organizations c	ompleting Part III, enter the total of	f <i>exclusively</i> religious, charitable, etc.,							
the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)										
(a) No	T .	T								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld						
	N/A									
		(e) Transfer of gift								
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee							
	,		·							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld						
	L									
	(e) Transfer of gift									
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee							
			·							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld						
Part I	,,,,,	,,,								
]								
	(e) Transfer of gift									
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee							
			·							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld						
		(e) Transfer of gift								
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee							
	7									
		+								

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Georgia Audubon Inc

				58-1834	323
Par	t Organizations Maintaining Donor	r Advised Funds or Other	Similar Fund	ds or Accounts.	
•	Complete if the organization answ	vered 'Yes' on Form 990, F	Part IV, line 6	5.	
		(a) Donor advised fun	ds	(b) Funds and oth	ner accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donors the organization's property, subject to the organization's property, subject to the organization's property.	or advisors in writing that the as organization's exclusive legal col	sets held in dor	nor advised funds	Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing of the donor or donor advisor, or	that grant funds r for any other p	s can be used only ourpose conferring	Yes □ No
	<u> </u>				
Par		rand Wast on Farm 000 F	Dort IV/ line	7	
	Complete if the organization answ			/.	
1	Purpose(s) of conservation easements held by			6 1:1 : 11 :	
	Preservation of land for public use (for examp	le, recreation or education)		n of a historically import	
	X Protection of natural habitat		Preservatio	n of a certified historic s	structure
2	Preservation of open space		ution in the form		ant on the
2	Complete lines 2a through 2d if the organization he last day of the tax year.	eid a qualified conservation contrib	ution in the form	of a conservation easeme	ent on the
				Held at the E	nd of the Tax Year
a	Total number of conservation easements			2a 1	
b	Total acreage restricted by conservation easen	nents		2b 183	
c	: Number of conservation easements on a certifi	ed historic structure included in	(a)	1	
c	Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, and	not on a histori	C 2d	
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or	terminated by the	e organization during the	
4	Number of states where property subject to conser	vation easement is located >	1		
5	Does the organization have a written policy reg and enforcement of the conservation easemen				Yes No
6	Staff and volunteer hours devoted to monitoring, in				ng the year
7	Amount of expenses incurred in monitoring, inspect ►\$	cting, handling of violations, and er	nforcing conserva	ation easements during the	e year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requi	rements of sec	tion 170(h)(4)(B)(i)	Yes No
9	In Part XIII, describe how the organization reprinclude, if applicable, the text of the footnote to	o the organization's financial sta	ts revenue and tements that de	expense statement and escribes the organization	balance sheet, and 's accounting for
Day	conservation easements. See Part XI t III Organizations Maintaining Collect		eachines or (Other Similar Accor	he .
Par	Complete if the organization answ	vered 'Yes' on Form 990, F	Part IV, line	8.	
1 a	If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education	, or research in	tement and balance she furtherance of public se	eet works of art, ervice, provide in
t	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r public exhibition, education, or re	search in further	ance of public service, pro	vorks of art, ovide the
	(i) Revenue included on Form 990, Part VIII, I				
	(ii) Assets included in Form 990, Part X			· <u>—</u>	
	If the organization received or held works of art, hi amounts required to be reported under FASB A	ASC 958 relating to these items:			ving
a	Revenue included on Form 990, Part VIII, line	1		▶\$	

Part III Organizations Maintaining Colle	ections of Art, Histo	ricai i reasures, or	Other Similar Ass	sets (continuea))		
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check ar	ny of the following that m	ake significant use of its	collection			
a Public exhibition	d Loan o	or exchange program					
b Scholarly research	e Other						
c Preservation for future generations							
4 Provide a description of the organization's collect Part XIII.	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	nents. Complete if to Form 990, Part X,	he organization and line 21.	swered 'Yes' on Fo	orm 990, Part IV	′, 		
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or othe	er assets not included	Yes N	0		
b If 'Yes,' explain the arrangement in Part XIII	and complete the following	ng table:					
				Amount			
c Beginning balance			1с				
d Additions during the year			1 d				
e Distributions during the year			1 e				
f Ending balance			1f				
2a Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes N	0		
b If 'Yes,' explain the arrangement in Part XIII.							
2							
Part V Endowment Funds. Complete if	the organization an	swered 'Yes' on Fo	rm 990 Part IV li	ne 10			
(a) Curren				(e) Four years bac			
1 a Beginning of year balance	t year (b) i nor year	(c) Two years back	(u) Tillee years back	(c) Four years bac	, K		
b Contributions				+			
D Contributions							
c Net investment earnings, gains,							
and losses				_			
d Grants or scholarships				_			
e Other expenditures for facilities and programs							
f Administrative expenses				_			
g End of year balance							
2 Provide the estimated percentage of the curre	•	e 1g, column (a)) held	as:				
a Board designated or quasi-endowment ►	<u> </u>						
b Permanent endowment ►	Š						
c Term endowment ► %							
The percentages on lines 2a, 2b, and 2c should e	equal 100%.						
3 a Are there endowment funds not in the possession organization by:	n of the organization that a	re held and administered	I for the	Yes N	lo		
(i) Unrelated organizations				3a(i)			
(ii) Related organizations				3a(ii)			
b If 'Yes' on line 3a(ii), are the related organiza				3b			
4 Describe in Part XIII the intended uses of the	· ·			. 55			
Part VI Land, Buildings, and Equipmen		THE TUTTUES.					
Complete if the organization ans		n 990, Part IV, line	11a. See Form 99	0, Part X, line	10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1 a Land		83,472.		83,47	12.		
b Buildings							
c Leasehold improvements							
d Equipment		3,000.		3,00	0		
e Other		2,975.	2,845.		30.		
Total. Add lines 1a through 1e. (Column (d) must e				86,60			
(a) mast c	, tare 71, t	(2), 100.)		00,00			

BAA Schedule D (Form 990) 2021

	estments – Other Securities. nplete if the organization answer	ad 'Yas' on Form 99	O Part IV line 11h See Form 90	00 Part X line 12
(a) Description (of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
	rivatives	` '	(c) insules of tanaansii cost of sile of	Joan manner raine
• ,	equity interests.			
(3) Other	-1-3			
(A)		_		
<u>`</u> (B)				
(C)				
(D)		. –		
(E)		. –		
(F)				
(G)				
<u>`</u>				
(l)		. –		
	nust equal Form 990, Part X, column (B) line 12.)	>		
	estments – Program Related.		N/A	
Con	nplete if the organization answer	ed 'Yes' on Form 99	0, Part IV, line 11c. See Form 99	90, Part X, line 13
(a) [Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) n	nust equal Form 990, Part X, column (B) line 13.)	•		
Part IX Oth	er Assets.	N/A	1	
Con	nplete if the organization answer		0, Part IV, line 11d. See Form 99	
(1)	(a)	Description		(b) Book value
(1)				
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(5)				
(5) (6) (7) (8)				
(5) (6) (7) (8) (9)				
(5) (6) (7) (8) (9) (10)				
(5) (6) (7) (8) (9) (10) Total. (Column	(b) must equal Form 990, Part X, columi	1 (B) line 15.)		
(5) (6) (7) (8) (9) (10) Total. (Column (Part X) Oth	er Liabilities.			
(5) (6) (7) (8) (9) (10) Total. (Column (Part X) Oth Com	er Liabilities. plete if the organization answered 'Yes' or	n Form 990, Part IV, line 1		
(5) (6) (7) (8) (9) (10) Total. (Column of Compart X Oth Compart X Oth Compart X Compa	er Liabilities. plete if the organization answered 'Yes' or (a) Des			(b) Book value
(5) (6) (7) (8) (9) (10) Total. (Column of Compart X Oth Compart X Compart	er Liabilities. plete if the organization answered 'Yes' or (a) Descome taxes	n Form 990, Part IV, line 1		
(5) (6) (7) (8) (9) (10) Total. (Column of Compart X Oth Compart X Compart	er Liabilities. plete if the organization answered 'Yes' or (a) Des	n Form 990, Part IV, line 1		• • • • • • • • • • • • • • • • • • • •
(5) (6) (7) (8) (9) (10) Total. (Column of Compart X Oth Compart X Oth Compart X (2) Unearne (3)	er Liabilities. plete if the organization answered 'Yes' or (a) Descome taxes	n Form 990, Part IV, line 1		• • • • • • • • • • • • • • • • • • • •
(5) (6) (7) (8) (9) (10) Total. (Column of Compart X Oth	er Liabilities. plete if the organization answered 'Yes' or (a) Descome taxes	n Form 990, Part IV, line 1		• • • • • • • • • • • • • • • • • • • •
(5) (6) (7) (8) (9) (10) Total. (Column of Compart X) Oth Compart X (1) Federal incompart (2) Unearne (3) (4) (5)	er Liabilities. plete if the organization answered 'Yes' or (a) Descome taxes	n Form 990, Part IV, line 1		• • •
(5) (6) (7) (8) (9) (10) Total. (Column of Compart X) Oth Compart X (1) Federal incompart (2) Unearne (3) (4) (5) (6)	er Liabilities. plete if the organization answered 'Yes' or (a) Descome taxes	n Form 990, Part IV, line 1		• • • • • • • • • • • • • • • • • • • •
(5) (6) (7) (8) (9) (10) Total. (Column of Compart X) Oth Compart X (1) Federal incompart (2) Unearned (3) (4) (5) (6) (7)	er Liabilities. plete if the organization answered 'Yes' or (a) Descome taxes	n Form 990, Part IV, line 1		• • • • • • • • • • • • • • • • • • • •
(5) (6) (7) (8) (9) (10) Total. (Column of Compart X) Oth Compart X (1) Federal incompart (2) Unearne (3) (4) (5) (6)	er Liabilities. plete if the organization answered 'Yes' or (a) Descome taxes	n Form 990, Part IV, line 1		• • • • • • • • • • • • • • • • • • • •
(5) (6) (7) (8) (9) (10) Total. (Column of Compart X Oth	er Liabilities. plete if the organization answered 'Yes' or (a) Descome taxes	n Form 990, Part IV, line 1		
(5) (6) (7) (8) (9) (10) Total. (Column of Compart X Oth	er Liabilities. plete if the organization answered 'Yes' or (a) Descome taxes	n Form 990, Part IV, line 1		(b) Book value 207, 235.
(5) (6) (7) (8) (9) (10) Total. (Column of the Company of the Com	er Liabilities. plete if the organization answered 'Yes' or (a) Descome taxes	n Form 990, Part IV, line 1 scription of liability	1e or 11f. See Form 990, Part X, line 25.	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,035,376.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	1,035,376.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,035,376.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
4 Table and a second land of the second later and		
1 Total expenses and losses per audited financial statements	1	1,074,380.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	1,074,380.
	1	1,074,380.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	1,074,380.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	1,074,380.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	1,074,380.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		1,074,380.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2 e	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2 e	1,074,380.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2 e	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2 e	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2e 3	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part II, Line 9 - Organization Reporting Of Conservation Easements

Part XIII Supplemental Information.

The conservation easement is held for undeveloped land that is used as a bird sanctuary. Costs incurred in maintaining the property are reported on the statement of functional expenses as conservation program expenses. The land itself is reported on the organization's balance sheet as a fixed asset - Land.

BAA Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Georgia Audubon Inc

58-1834323

Employer identification number

Form 990. Part III. Line 1 - Organization Mission

Georgia Audubon is building places where birds and people thrive. Georgia Audubon is a thriving, bird-focused organization that combines conservation, education, and community engagement with activities that build community and foster the joy of birding.

Form 990, Part III, Line 4a - Program Service Accomplishments

Conservation: Research, monitor, restore, and promote bird-friendly habitat and Important Bird Areas in Georgia certify properties as bird and wildlife sanctuaries conduct on-the-ground conservation projects and bird species surveys in the greater metro-Atlanta area promote the purchase of bird-friendly shade-grown coffee and maintain bird habitat at a property in Douglas county, Georgia. Education: Offer educational outreach programs and school programs provide professional development for teachers provide ornithological and natural history workshops hold a Master Birder course offer periodic seminars with expert speakers on birds and the environment participate in various festivals and events to educate the general public on birds and conservation offer bird walks across the metro-Atlanta area provide support and expertise for Camp TALON, a birding/nature camp for teens on the GA coast, and the Georgia Youth Birding Competition offers scholarships for youth and educators to attend a summer nature camp maintain an office with a classroom and library provide membership services maintain a website with up-to-date information on events, bird sightings, organizations, and general information.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

The Organization has changed its name from Atlanta Aubudon Society Inc. to Georgia Audubon Inc. No other significant changes were made to its organizational documents.

Name of the organization	Employer identification number
Georgia Audubon Inc	58-1834323

Form 990, Part VI, Line 11b - Form 990 Review Process

The completed Form 990 and attachments are sent via email to all board members before submission to the IRS. Board Members are afforded the opportunity to review and comment on any and all aspects of the report.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Georgia Audubon, Inc. officers, directors and trustees do not receive any financial compensation. None of the organization's work involves financial profit to any individual or group that they work with. Any potential partnership is explored keeping in mind any and all relationships between that potential partner and anyone associated with the organization.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Georgia Audubon, Inc. makes its governing documents, conflict of interest policy and financial statements available upon request. Copies are housed at their office for public perusal. An annual report with financial statements is available on our website.

Form 990, Part IX, Line 11g Other Fees For Services

	_	(A) Total	(B) Program <u>Services</u>	(C) Management <u>& General</u>	(D) Fund- raising
Contract/Interns Professional Fees Staff Support Services		2,200. 157,305. 7,344.	2,200. 151,514. 7,344.	1,991.	3,800.
	Total 💲	166,849.	\$ 161,058.	\$ 1,991.	\$ 3,800.